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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/421,451 10/26/2002 AMB

** FOREIGN APPLICATIONS ***** AMB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/15/2004

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>AMB</i> Examiner's Signature	IA	DRAWING 4	CLAIMS 46	CLAIMS 12

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TITLE

Molecular diagnosis of atypical Mycobacterial infections

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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